

Behavioral Health and Crisis Services

FUNCTION

The mission of Behavioral Health and Crisis Services is to foster the development of a comprehensive system of services to assist adults and children in crisis or with behavioral health needs. Behavioral Health Services works with the State's public mental health and substance abuse systems to ensure that treatment, rehabilitation and referral services are available for persons with long-term mental illness and that medically indigent individuals and families have access to substance abuse intervention and treatment services. In Crisis Services, 24-hour crisis intervention services are provided for persons experiencing a situational, emotional or mental health crisis. Emergency Services, another service for individuals and families in crisis, provides subsidies to low-income renters, handicapped persons and families with dependent children; and partners with community groups to provide a continuum of services for homeless families and adults, including emergency shelter and transitional housing. Crime, partner abuse or sexual assault victims receive immediate assistance as well as on-going counseling.

PROGRAM CONTACTS

Contact Daryl Plevy of the HHS - Behavioral Health and Crisis Services at 240.777.4613 or Kimberly Mayo of the Office of Management and Budget at 240.777.2775 for more information regarding this service area's operating budget.

PROGRAM DESCRIPTIONS

System Planning and Management

As the State mandated local mental health authority, this program is responsible for the planning, management and monitoring of Public Mental Health Services for seriously, emotionally disturbed (SED) children, and adults with a serious and persistent mental illness (SPMI). This includes persons with co-occurring mental illness and substance abuse disorders, homeless persons with SPMI, and persons with SPMI who have been incarcerated and/or are on conditional release. This program is responsible for the ongoing development of a continuum of quality mental health services that provide for consumer choice and empowerment, and at the same time assuring that consumers have access to clinically appropriate and cost-effective behavioral health services.

FY06 Recommended Changes

- ☐ *Provide three Community Mental Health Counselors to provide comprehensive assessments for 1,560-2,600 customers/year with identified behavioral health needs (Service Integration Pilot)*

| | Expenditures | WYs |
|----------------------------|------------------|-------------|
| FY05 Approved | 8,487,780 | 28.1 |
| FY06 CE Recommended | 7,829,700 | 22.5 |

Program Summary

| | Expenditures | WYs |
|--|-------------------|--------------|
| System Planning and Management | 7,829,700 | 22.5 |
| Behavioral Health Specialty Services | 2,446,620 | 24.2 |
| Behavioral Health Community Case Mgmt Svcs | 5,967,330 | 19.7 |
| Criminal Justice/Behavioral Health Services | 1,758,020 | 17.4 |
| Outpatient Addiction Services (OAS) | 2,899,220 | 27.8 |
| Victims Assistance and Sexual Assault Services | 2,071,290 | 18.7 |
| Child and Adolescent Mental Health Services | 2,658,810 | 15.3 |
| 24-Hour Crisis Center | 4,344,560 | 44.1 |
| Mental Health Svcs for Seniors & Persons with Disabilities | 711,500 | 1.9 |
| Rental & Energy Assistance Program | 5,517,140 | 8.3 |
| Shelter Services | 4,821,670 | 2.8 |
| Partner Abuse Services | 2,799,110 | 18.8 |
| Supportive Housing Services | 1,510,700 | 10.4 |
| Housing Stabilization Services | 4,361,550 | 32.2 |
| Service Area Administration | 801,860 | 4.1 |
| Totals | 50,499,080 | 268.2 |

Behavioral Health Specialty Services

Behavioral Health Specialty Services includes the Adult Behavioral Health program and the Behavioral Health Access to Care program. The Adult Behavioral Health program provides a comprehensive range of mental health services including assessment, referral, diagnostic evaluation, psychotropic medication prescription and monitoring, and family and psycho-educational support to Montgomery County residents who have a high level of acuity and are involved in multiple systems in the community. These individuals are unable to receive Public Mental Health System services or the level of care necessary in order to effectively stabilize their illness. This program has expanded capacity to provide services to limited English proficiency (LEP) clients and those with specialized cultural and language needs. The Behavioral Health Access to Care program provides screening, assessment, and linkage for individuals seeking Behavioral Health services, addictions services, mental health services, or services to individuals with a co-occurring disorder. This service is for Montgomery County residents of all ages.

FY06 Recommended Changes

- During FY05, Behavioral Health and Crisis Services realigned several of its programs. This program now includes Adult Behavioral Health (formerly Multicultural Mental Health Services), as well as parts of Addiction Services Coordination and System Planning and Management.

| | Expenditures | WYs |
|---------------------|--------------|------|
| FY05 Approved | 1,006,990 | 9.0 |
| FY06 CE Recommended | 2,446,620 | 24.2 |

Behavioral Health Community Case Mgmt Svcs

Behavioral Health/Community Case Management Services is composed of three sub-programs: Community Case Management Services, the Urine Monitoring Program, and the Program Monitoring Unit. These programs provide: 1. case management services to Temporary Cash Assistance (TCA) clients, homeless women, and other clients who are “high-end” users of services and involved in multiple programs within HHS; 2. urine-monitoring services to clients referred by the courts, child welfare, the criminal justice system and others required to submit to urine surveillance or who require or request urine screening and testing; and 3. program/contract monitoring and compliance for private addiction treatment providers of detoxification, outpatient, intensive outpatient, residential half-way house, combined care, and long-term residential treatment services to enhance the addictions treatment continuum of services for residents of Montgomery County.

FY06 Recommended Changes

- Replace grant funding to continue to provide intensive outpatient substance abuse treatment services through contract to 50 women and homeless adults per year and provide (with two Community Mental Health Counselors) case management, outreach, linkage, and referral services to an additional 30-35 targeted individuals per

year

| | Expenditures | WYs |
|---------------------|--------------|------|
| FY05 Approved | 6,538,260 | 26.7 |
| FY06 CE Recommended | 5,967,330 | 19.7 |

Criminal Justice/Behavioral Health Services

Jail Based Services staff provide assessment, diversion, treatment and community re-entry services. Clinical Assessment and Triage Service (CATS) staff provide behavioral health assessment, triage and diversion services at entry into the Montgomery County Detention Center. Jail Addiction Services (JAS) is an intensive jail-based residential addiction treatment program for inmates at the Montgomery County Correctional Facility who are alcohol and/or drug addicted. Community Re-Entry Services (CRES) staff provide linkages to community-based mental health and addiction treatment services as well as follow-up to assure that housing and other needed services are accessed in the community.

FY06 Recommended Changes

- Add a pilot housing program for mentally-ill offenders returning to the community (Criminal Justice Behavioral Health Initiative)

| | Expenditures | WYs |
|---------------------|--------------|------|
| FY05 Approved | 1,590,550 | 17.4 |
| FY06 CE Recommended | 1,758,020 | 17.4 |

Outpatient Addiction Services (OAS)

OAS provides outpatient, intensive outpatient and Medication Assisted Treatment (MAT/methadone) services for self-referred, criminal justice, and homeless clients who meet medical and social need requirements. Special emphasis is placed on treating: addicted women and their infants and/or young children; the homeless; opiate addicts; and individuals with co-occurring psychiatric and substance abuse disorders.

FY06 Recommended Changes

- Enhance the Adult Drug Court program by adding one Spanish-speaking Therapist to provide case management and treatment services to an additional 20 offenders/year
- Enhance the Medication Assisted Treatment services by increasing two part-time positions to full-time to serve more than 30 addiction clients/year

| | Expenditures | WYs |
|---------------------|--------------|------|
| FY05 Approved | 2,523,540 | 24.7 |
| FY06 CE Recommended | 2,899,220 | 27.8 |

Victims Assistance and Sexual Assault Services

This program provides information, referral, support, crisis, and ongoing counseling services to persons subjected to sexual abuse (exclusive of partner abuse), as well as to persons victimized by crimes in general. A 24-hour outreach effort is provided through volunteer support, and compensation is provided to eligible victims of crime.

FY06 Recommended Changes

- Provide the required match for the Victim Compensation

Fund

| | Expenditures | WYs |
|----------------------------|------------------|-------------|
| FY05 Approved | 1,994,920 | 18.7 |
| FY06 CE Recommended | 2,071,290 | 18.7 |

Child and Adolescent Mental Health Services

This program provides comprehensive mental health and other necessary services to children, youth and their families that are individualized, culturally and linguistically competent and administered in the least restrictive, most appropriate environment. In addition, this program collaborates with other child-serving agencies and community partners to ensure children, youth and their families achieve outcomes that result in mental wellness for all involved. Services include mental health screenings and assessments, outpatient treatment, specialized care coordination, play therapy, substance abuse prevention and behavior/medication management.

FY06 Recommended Changes

- ❑ *Replace Federal grant funding to provide wraparound services to 100 seriously emotionally disturbed youth (Community Kids program)*

| | Expenditures | WYs |
|----------------------------|------------------|-------------|
| FY05 Approved | 2,328,490 | 12.5 |
| FY06 CE Recommended | 2,658,810 | 15.3 |

24-Hour Crisis Center

This program provides telephone, walk-in, and crisis residential services to persons experiencing situational, emotional, or mental health crises. In addition, the Crisis Center provides a mobile crisis team response for sixteen hours/day (8:00 AM to midnight), seven days/week. Psychiatric crisis resources are used to prevent hospitalizations and suicides. Disaster mental health services include crisis management and consultation for disasters, as well as consultation and services for community crises. The Assertive Community Treatment (ACT) Team provides community based mental health services for those individuals with the highest level of acuity. During the off-hours (after 5:00 p.m., weekends and holidays), crisis back-up services are provided for various health and human services needs when the clients' primary service providers are not available.

FY06 Recommended Changes

- ❑ *Expand Assertive Community Treatment (ACT) team capacity by adding one Therapist (for a total of seven) and one Psychiatric Nurse Clinical Specialist (for a total of three) (Criminal Justice Behavioral Health Initiative)*

| | Expenditures | WYs |
|----------------------------|------------------|-------------|
| FY05 Approved | 3,981,880 | 42.5 |
| FY06 CE Recommended | 4,344,560 | 44.1 |

Mental Health Svcs for Seniors & Persons with Disabilities

This program provides mental health services to seniors, persons with developmental disabilities, and persons with hearing impairments. Services include evaluation, treatment, outreach counseling, provider training, caretaker support, and

referral services.

FY06 Recommended Changes

| | Expenditures | WYs |
|----------------------------|----------------|------------|
| FY05 Approved | 727,310 | 1.9 |
| FY06 CE Recommended | 711,500 | 1.9 |

Rental & Energy Assistance Program

This program provides subsidies to low-income renters, handicapped persons, and families with dependent children.

FY06 Recommended Changes

- ❑ *Enhance funding for the energy assistance rebate for low-income residents to serve 500 additional clients (for a total of 4,500)*
- ❑ *Provide additional funds to the Rental Assistance Program (RAP) to:*
 - *Annualize the subsidy payments for an additional 125 clients served as a result of the special appropriation approved during FY05*
 - *Serve an additional 83 clients from the waiting list, to bring the total families served to an estimated 1,650 for a total FY06 commitment of \$3,959,600 for RAP subsidy payments*

| | Expenditures | WYs |
|----------------------------|------------------|------------|
| FY05 Approved | 3,760,900 | 4.3 |
| FY06 CE Recommended | 5,517,140 | 8.3 |

Shelter Services

This program coordinates and provides shelter services to both families with children and single adults on a seasonal and emergency basis. Support services, including case management and outreach, are provided to persons transitioning to more permanent housing. Front-end assessments are provided to identify persons who may have a mental illness, substance abuse concerns, or other issues that contribute to their homelessness.

FY06 Recommended Changes

| | Expenditures | WYs |
|----------------------------|------------------|------------|
| FY05 Approved | 4,803,980 | 2.8 |
| FY06 CE Recommended | 4,821,670 | 2.8 |

Partner Abuse Services

This program provides crisis counseling, on-going outpatient counseling, emergency shelter, referral for transitional housing; and support and advocacy to victims and families of partner-related physical abuse. Assessment, counseling, and education are also provided to abusers.

FY06 Recommended Changes

| | Expenditures | WYs |
|----------------------------|------------------|-------------|
| FY05 Approved | 2,714,570 | 18.4 |
| FY06 CE Recommended | 2,799,110 | 18.8 |

Supportive Housing Services

This program provides transitional housing for families with children and persons with mental disabilities. On-site case

management is provided to assist persons receiving services to become self-sufficient.

FY06 Recommended Changes

| | Expenditures | WYs |
|----------------------------|------------------|-------------|
| FY05 Approved | 1,457,390 | 10.2 |
| FY06 CE Recommended | 1,510,700 | 10.4 |

Housing Stabilization Services

This program provides intake and assessment for County households who are experiencing a housing-related emergency. State and County grants are provided, as well as referrals for Temporary Cash Assistance (TCA), in order to prevent homelessness, assist with utility arrearage, and avoid welfare dependence.

FY06 Recommended Changes

- ☐ *Provide financial literacy training for approximately 200 clients (Service Integration Pilot)*

| | Expenditures | WYs |
|----------------------------|------------------|-------------|
| FY05 Approved | 4,858,760 | 35.2 |
| FY06 CE Recommended | 4,361,550 | 32.2 |

Service Area Administration

This program provides leadership and direction for the administration of Behavioral Health and Crisis Services.

FY06 Recommended Changes

| | Expenditures | WYs |
|----------------------------|------------------|------------|
| FY05 Approved | 1,091,160 | 6.1 |
| FY06 CE Recommended | 801,860 | 4.1 |

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

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| PROGRAM: Child and Adolescent Mental Health Services | PROGRAM ELEMENT: Community Kids |
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PROGRAM MISSION:
To improve outcomes for young people with severe emotional disturbances within targeted communities through collaborative strategies

- COMMUNITY OUTCOMES SUPPORTED:**
- Children and adults who are physically and mentally healthy
 - Stable and economically secure families
 - Children safe in their homes, schools, and community
 - Young people making smart choices

| PROGRAM MEASURES | FY02 ACTUAL | FY03 ACTUAL | FY04 ACTUAL | FY05 BUDGET | FY06 CE REC |
|---|----------------|----------------|----------------|----------------|----------------|
| Outcomes/Results: | | | | | |
| Percentage of adolescents who have reduced their use of drugs and alcohol | 33 | 66 | 46 | 66 | 66 |
| Percentage of children who have shown improvement in emotional/behavioral symptoms in two or more domains ^a | NA | 100 | 100 | 85 | 85 |
| Percentage of caregivers who have reduced their stress level as a result of their participation in the program ^b | NA | 50 | 67 | 50 | 60 |
| Percentage of families who have achieved the goals outlined in their individual service plans | NA | 68 | 70 | 50 | 60 |
| Percentage of children, youth, and families receiving community-based mental health and other support services ^c | NA | NA | NA | NA | 90 |
| Service Quality: | | | | | |
| Percentage of families who are satisfied with the service coordination efforts in which they have participated | NA | 85 | 96 | 85 | 90 |
| Percentage of families who successfully carry out their plan of support | 88 | 60 | 68 | 75 | 90 |
| Efficiency: | | | | | |
| Average cost per child served (\$) ^d | 18,347 | 16,261 | 12,623 | 15,753 | 12,093 |
| Workload/Outputs: | | | | | |
| Number of children served | 69 | 111 | 106 | 85 | 100 |
| Number of families served | 55 | 87 | 87 | 60 | 65 |
| Number of families involved in family support activities | 46 | 54 | 67 | 50 | 50 |
| Inputs: | | | | | |
| Expenditures (\$000) | 1,266 | 1,805 | 1,338 | 1,339 | 1,209 |
| Workyears | 3.0 | 4.0 | 3.0 | 2.1 | 1.8 |

Notes:

^aAs measured by periodic administration of the Child Behavior Checklist (CBCL), an instrument that assesses eight domains or areas of behavior such as anxiety, delinquency, aggression, and social problems. The CBCL, which is part of a national evaluation of the program required as a condition of Federal funding, is administered as a baseline assessment, with follow-up assessments every 6 months.

^bParent/caregiver stress level and satisfaction with service coordination efforts are measured by two separate questionnaires. The parent/caregiver satisfaction questionnaire is administered quarterly and is used to improve future service coordination efforts. The stress level questionnaire is administered every six months.

^cThe percentage of children, youth, and families receiving community-based mental health and other support services is a new measure for FY06.

^dThe average annualized cost for residential treatment services is approximately \$120,000 per child per year.

EXPLANATION:
The Community Kids program was first funded in FY00 and became operational during FY01. The program was created through a six-year Federal grant awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services. The grant ends in August 2005. During the six years of the grant, the Community Kids program has extended its family-centered decision-making structure and wrap-around services approach to a sequence of neighborhoods by working in tandem with Montgomery County departments and other government agencies as it built multi-agency collaborative teams including family and community members. Community Kids targets children and youth ages 5-18 (kindergarten through high school). The goal is to build a system of care for emotionally disabled children and their families. This is being accomplished by delivering wrap-around services, building resource teams, community councils, pooled funding, integrated services, and family involvement. The program supports community efforts to integrate child and family service agencies into a local, family-centered, culturally competent system of care. The program continues to work on developing methods for engaging families sufficiently to make significant progress with most children for whom the services are designed.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Montgomery County Collaboration Council, Montgomery County Police Department, Montgomery County Public Schools, Core Service Agency, Mental Health Association, Local Coordinating Council, Maryland Department of Juvenile Services, Youth Service Centers, Community Ministries, Community Use of Public Facilities, Housing Opportunities Commission, Johns Hopkins University, Family Services Agency, Inc., Federation of Families, National Alliance for the Mentally Ill, SHARP Street Suspension Program, City of Gaithersburg, Upper County YMCA, Head Start Bureau, NAACP.

MAJOR RELATED PLANS AND GUIDELINES: The Children's Agenda, Comprehensive Strategies Plan, After School Activities Plan, Early Childhood Collaborative Plan.

HEALTH AND HUMAN SERVICES

Behavioral Health and Crisis Services

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|--|---|
| PROGRAM: 24-Hour Crisis Center | PROGRAM ELEMENT: Assertive Community Treatment (ACT) Team |
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PROGRAM MISSION:
To increase the self-sufficiency and health of the seriously and persistently mentally ill for whom conventional outpatient treatment and inpatient hospitalization have not been effective

COMMUNITY OUTCOMES SUPPORTED:
• Children and adults who are physically and mentally healthy

| PROGRAM MEASURES | FY02 ACTUAL | FY03 ACTUAL | FY04 ACTUAL | FY05 BUDGET | FY06 CE REC |
|--|----------------|----------------|---------------------|----------------|----------------|
| <u>Outcomes/Results:</u> | | | | | |
| Percentage of clients who require any psychiatric hospitalization | 5 | 10 | 7 | 10 | 10 |
| Percentage of clients in stable living arrangements | 83 | 77 | 83 | 80 | 80 |
| Percentage of clients who are arrested by the police | 2 | 2 | 1 | 5 ^a | 5 ^a |
| Percentage of clients who are medically stabilized | 98 | 92 | 97 | 95 | 95 |
| <u>Service Quality:</u> | | | | | |
| Percentage of clients who remain engaged in ACT treatment within the fiscal year | 77 | 89 | 74 | 90 | 90 |
| <u>Efficiency:</u> | | | | | |
| Average annual cost per client served (\$) | 12,789 | 14,686 | ^b 10,510 | 13,863 | 14,032 |
| <u>Outputs/Workload:</u> | | | | | |
| Number of clients served | 76 | 70 | 98 | 80 | 95 |
| <u>Inputs:</u> | | | | | |
| Expenditures (\$000) | 972 | 1,028 | 1,030 | 1,109 | 1,333 |
| Workyears | 11.0 | 11.3 | 11.3 | 11.3 | 12.9 |

Notes:
^aThe percentage of patients incarcerated is projected to increase slightly due to a focus on higher risk clients.
^bIn FY04, the cost per client served was substantially lower than in FY03 due to the greater number of individuals served as a result of an unusual combination of factors: several patients transferring from hospitals to community providers, and several patients relocating to the area.

EXPLANATION:
The purpose of the ACT Team is to provide community based, multi-disciplinary mental health services to the seriously and persistently mentally ill population for whom conventional outpatient treatment and inpatient hospitalization have not been successful. The outcome measures focus on some of the characteristics that indicate increased levels of functioning from a holistic perspective: accepting shelter or moving into independent housing instead of living on the streets, avoidance of arrests, and meeting basic medical needs. The continued low arrest rate is a particular success since it is much lower than expected or previously experienced for this difficult-to-serve population. Research shows that due to the severity of mental illness experienced by those patients who are typically served by ACT teams, improvements in specific indicators may not be seen for a year or more after engaging with the team.

Although episodic hospitalization is required for some patients, this is not necessarily an indication that they are becoming less stable. The ability to get a patient into the hospital to prevent a serious problem is part of the process of changing the course of their illness. The ACT Team has been successful in shifting patient treatment out of emergency rooms to ongoing outpatient treatment and case management.

In FY04, 98 clients were served by the ACT Team. Of these, 97% of the clients served were medically stabilized. Only 1% were arrested, and 7% required psychiatric hospitalization. The percentage of clients in stable living arrangements improved significantly to 83% in FY04. During FY05, a Substance Abuse and Mental Health Services Administration grant was received through the Maryland Mental Hygiene Administration designating Montgomery County as one of two primary sites in the State to receive additional training regarding this best practice model. As changes are made in the local model, they will also be taught to other ACT teams across the State. The projected increase in the number of patients served for FY06 is due to the 1.6 workyear staff increase.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Montgomery General Hospital, Washington Adventist Hospital, Shady Grove Adventist Hospital, Holy Cross Hospital, Suburban Hospital, Charter Potomac Ridge Hospital; community residences; Coalition for the Homeless; Mental Health Association of Montgomery County; Progress Place; Community Clinic; Community Ministries of Rockville; Community Ministry of Montgomery County; Montgomery County Police Department; Springfield Hospital Center.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.21.16.